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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Examiner Brian J. Broadhead	S. Jared Pitts, Reg. No. 38,579 N
COMPANY: USPTO	DATE: TUESDAY, JANUARY 06, 2004
FAX NUMBER: 703.872.9306	TOTAL NO. OF PAGES INCLUDING COVER: 11
PHONE NUMBER: 703.308.4357	SENDER'S REFERENCE NUMBER: 170-00-004-1170
RE: Response	RECIPIENTS REFERENCE NUMBER: 10/053,183

URGENT      FOR REVIEW      PLEASE COMMENT      PLEASE REPLY      PLEASE RECYCLE

NOTES/COMMENTS:

FORMAL COMMUNICATION  
INTENDED FOR ENTRY

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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	10/053,183
		<b>Filing Date</b>	November 9, 2001
		<b>First Named Inventor</b>	Kenneth W. HENRY
		<b>Group Art Unit</b>	3661
		<b>Examiner Name</b>	Brian J. Broadhead
Total Number of Pages in This Submission	10	Attorney Docket Number	170-00-004-1170

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Application Fee Determination Record	
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)			
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement			
<input type="checkbox"/> Certified Copy of Priority Document(s)			
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
Remarks			

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	S. Jared Pitts, Reg. No. 38,579
Signature	
Date	6 Jan 2004

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Type or printed name	S. Jared Pitts
Signature	
Date	6 Jan 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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**PATENT APPLICATION FEE DETERMINATION RECORD**  
 Substitute for Form PTO-875
Application or Docket Number  
10/053,183**CLAIMS AS FILED – PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	17 minus 20 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED – PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
				RATE	FEES
Total (37 CFR 1.16(c))	17	Minus	** 20 = 0		
Independent (37 CFR 1.16(b))	4	Minus	*** 3 = 1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

SMALL ENTITY OR OTHER THAN SMALL ENTITY

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE		RATE
\$		\$
OR X \$ =		OR X \$ =
X \$ =		X \$ =
+ \$ =		+ \$ =
TOTAL		870.00

SMALL ENTITY OR OTHER THAN SMALL ENTITY

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE		RATE
ADDITIONAL FEE		ADDITIONAL FEE
X \$ =		X \$ =
X \$ =		X \$ 86 = 86.00
+ \$ =		+ \$ =
TOTAL ADD'L FEE		86.00

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
				RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	17	Minus	** 20 = 0		
Independent (37 CFR 1.16(b))	4	Minus	*** 3 = 1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE		RATE
ADDITIONAL FEE		ADDITIONAL FEE
X \$ =		X \$ =
X \$ =		X \$ ... =
+ \$ =		+ \$ ... =
TOTAL ADD'L FEE		TOTAL ADD'L FEE

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
				RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	17	Minus	** 20 = 0		
Independent (37 CFR 1.16(b))	4	Minus	*** 3 = 1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE		RATE
ADDITIONAL FEE		ADDITIONAL FEE
X \$ =		X \$ =
X \$ =		X \$ ... =
+ \$ =		+ \$ ... =
TOTAL ADD'L FEE		TOTAL ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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